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CLINICS.

CLINICAL LECTURES.

Lecture on the Results of the Surgical Treatment of Cancer. By T. SPENCER WELLS, F. R. C. S., Surgeon in ordinary to her Majesty's Household.

GENTLEMEN:—Perhaps there is no question which more frequently arises in practice, or which is answered with so much doubt and hesitation, as the question, "Should a cancer be removed?" At one time removal was the general rule of practice. Then the frequency of return after removal, and the revival of the humoral or chemical pathology, led to the rule only to operate in exceptional cases. It was asserted that by removal of a cancer in the early stage, we only removed one seat of deposit, left the blood unaltered, encouraged deposit in some other part, and so did more harm than good, often shortening life. Therefore it came to be a sort of rule of this school not to attempt to remove or destroy a cancerous tumour, unless it was either actually ulcerated, or growing so fast that the skin was about to give way, or the destruction of some vital part was threatened. It was urged that growths, having all the characters of cancer, occasionally disappeared, under the influence of hygienic or medical treatment—that other such growths have sometimes remained completely dormant for many years without injuring the health or shortening the life of the individual—and that it was absurd to say the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local disease. But the most determined leaders of this school admitted that in cases where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse discharge, this cancer should be removed, in the hope first of relieving suffering, and secondly, of prolonging, though not of saving life. In some other cases where a cancer caused great mental anxiety to a patient, it was to be removed

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at her earnest entreaty, after fairly explaining the probability of a return of the disease. For many years these rules were followed in practice, and are so still by many excellent surgeons. But during the last four years a marked change has been taking place, and the professional mind is still in a state of transition. The transudation hypothesis is falling before the cellular theory. The belief that cancer is always a disease of the blood is severely shaken by the vigorous attacks of Virchow, and the positive and visible demonstration which he affords of the local origin of morbid growths, and the secondary contamination of neighbouring parts and of the blood by extension and by absorption of the products of local disease. He has gone very far towards proving that the cells of the connective tissue (commonly known as cellular or areolar tissue) are the ovules of cancerous growths, as they are of all the new cellular productions. We are still ignorant of the nature of the peculiar change or irritation which, in the first instance, alters a connective tissue cell into a cancer cell; but when once this change has taken place, and the altered cells begin to grow and multiply by division, we have clearly a focus both of local and general contamination—local, by imbibition of the fluid formed by the diseased cells into the healthy cells of adjacent tissues; and general by absorption or transudation of the morbid products through the lymphatics and veins. Thus, the harder the tumour, the less likely to spread; the softer, the more likely both to spread locally and to contaminate the blood. The direct and necessary practical deduction for the surgeon from these views is, that all malignant growths should be removed in their earliest possible stage—as soon, in fact, as their nature is ascertained; and to this rule, surgeons seem to be partially, though perhaps unconsciously, returning.

It requires the observation, and careful observation, of many years, and of many independent observers, to settle such a point as this; but a great deal has been done to show, by comparing a large number of cases of cancer where removal has been practised with others where the patient has been left without operation, that the average duration of life in the patient operated on is decidedly lengthened. No trustworthy data exist for making such a comparison with cases in which the tumour was removed at a very early stage, but my own experience is leading me to adopt the rule deduced from the pathology of Virchow. I have had several cases since the publication of my pamphlet on "*Cancer Curers*," in which I have excised growths which microscopic examination has proved to be truly cancerous, and in which no return has yet been observed. The time is obviously too short to speak of them as permanent cures—indeed, it is almost certain that in nearly all there will, sooner or later, be a return; but the result has satisfied me that the rule of practice most commonly followed may be advantageously modified in cases where the disease is in a very early stage. The operation at that stage is a very trifling one, is perfectly painless under chloroform; and so little necessity does there appear to be to keep patients to their rooms, that I have both in private practice and among hospital outpatients allowed them to come backwards and forwards from their homes. Supposing the general health to improve, and the cause which led to the first change in the connective tissue cells should not operate again, then *removal* really becomes *cure*.

If the teaching of Virchow, the greatest of living pathologists, be true—if the belief in the universal constitutional origin of cancerous tumours be unfounded—if the constitutional disease is, even in some few cases, secondary, the morbid condition of the blood originating in, and being kept up by a supply of hurtful ingredients from some diseased locality—how hopefully may both surgeon and patient look upon the treatment of cancer in its early stages, before the germs have spread into neighbouring tissues, before they or any irritating fluid have been conveyed to a distance, before the healthy cells of neighbouring parts have imbibed by endosmosis the specific or parenchymatous fluid, or this fluid has been carried by lymphatics or veins to distant parts. And, on the other hand, how fearful is the responsibility of the cancer curer who tampers with the life of the poor sufferer who has confided in his knowledge and skill! If he attempt to procure absorption of the tumour and succeed, he may produce the general contamination of the blood of which the growth itself was erroneously regarded simply as an "outward and visible sign." If he fail, he still gives time for the growth of germs, and for extension first locally, and then by absorption.

If he employ caustics, he may be adopting the very practice of all others most likely to lead to a rapid and general development of cancer throughout the body, by hastening softening of the growth, setting up irritation in neighbouring parts, and assisting the transmigration of cancer cells through the blood to distant parts of the body.

The fact that *removal* may really result in *cure*—that the disease may not return—should certainly encourage both patient and surgeon to think of removal in any case where the whole of the diseased part can be removed without unusual risk or difficulty; but it would be very wrong to conceal from any patient the fact that this happy result is extremely rare, and that, except under very unusual circumstances, no more can be expected from removal than prolongation of life, and diminution of suffering.

That *life is prolonged* by removal is now satisfactorily established by statistics. The results of different statistical tables vary. But those most to be relied on tend to prove that the average duration of life in those operated on is certainly greater than in those in whom the disease is allowed to run its course without operation. In a valuable lecture, published in the *Medical Times and Gazette* in 1862, Mr. Paget says: "In a recent tabulation of Hospital and private cases, 85 cases operated on lived an average of 55·6 months, and 62 cases not operated on lived an average of 43 months. And some such proportion as this will probably always be found."

Not only is life prolonged, but *suffering is lessened*. The amount of suffering, mental and bodily, of a patient during the ordinary course of cancer is very great. "Consider," says Mr. Paget, "the pain and anxiety—the pain likely to increase daily—the misery of waking every day to the consciousness of an incurable disease; the sometimes loathsomeness; the restlessness for cure—cure, such as there are *never wanting dishonest men to promise*." By an operation painless under chloroform, and not followed by painful dressings, this constant, daily, weary pain is relieved for a time, and the patient is also restored to a state of mental comfort which is as great a gain as the relief from pain. In some cases, where there is no hope of prolonging life, the pain and suffering from an open cancer are so great that it is right to operate simply to obtain for the patient a comparatively painless death.

If, then, the oft-repeated objection to operation—that life is not lengthened but shortened—is satisfactorily answered; if we also dismiss as unproved, and certainly erroneous, the suggestion that when the disease returns it will be in a more aggravated form than if the disease had run its own course, the question arises, "Why not operate in every case?" And the answer is ready, "Because the operation is one attended with risk to life" In some cases this risk is very great, in others very small; but taking the average of some hundreds of cases, Mr. Paget estimates that "a patient runs a risk of 1 in 10 of dying" from the operation. Others estimate the risk as low as 5 per cent, or 1 in 20.

In a consultation, however, upon any individual case, neither patient nor surgeon will be content with a mere statement of averages. It is seen at once, as from 1 in 20 to 1 in 10 die of the immediate effects of the operation, and the average life of those operated on is over 55 months, that some patients must live many years. And the questions which are asked are not: What are the *general* results of operation? How long do people *in general* live after it? How soon does the disease *generally* return after operation? but the individual case is pressed home: What risk would there be to *my* life? How long should *I* be likely to live? How soon might *I* expect a return of the disease?

It is said, and said truly, that general conclusions can only be drawn from general averages. Mr. Paget says: "To deal with single cases is a sort of surgical gambling." The gamblers, however, are they who operate in nearly every case which comes before them and they who operate in none, both classes satisfying themselves by statistical tables and general averages, rather than by forming a careful estimate of the probable results of treatment in each case. Each case must be considered by the light of general experience, but it is no less in itself a subject for separate calculation. And in every case which comes before us we must be guided by certain general rules, the most important of which may be shortly summed up as follows:—

Risk of Removal.—The average mortality being from 5 to 10 per cent., in what cases is the risk above and in what below the average? Supposing the patient to be placed under the most favourable circum-

stances possible to prevent the occurrence of erysipelas, pyæmia, any form of septicæmia, or secondary hemorrhage (the chief causes of death *soon* after operation) the probable liability of any patient to these dangers may be estimated by observing certain general and local conditions. The *general* conditions favourable to operation, or those which may fairly justify the hope that a patient will not die from its effects, are that she is not more than 60 years of age, not emaciated, is well-nourished, clear-complexioned, temperate, courageous and even-minded, and free from other organic disease. The reverse conditions are seen in patients over 60 years of age—in over or under fed people—the emaciated, or the fat and plethoric—those of cachectic, leukæmic, or chloro-anæmic aspect—the dejected or hysterical—and they who, in addition to the cancer, have some organic disease of heart, lungs, liver, or spleen. The favourable *local* conditions are that the skin over and near the tumour is soft and healthy, free from œdema, freely movable, and free from scattered nodules of cancer—that there are no diseased cervical glands—none, or few, diseased axillary glands—that the breast is small—that only one breast is diseased—and, if only part of one be affected, that this is the lower part. The unfavourable local conditions are, the skin is brawny, the hair-follicles large and open, the skin over the tumour adherent, that there are scattered cancerous tubercles in the skin, that the supra-clavicular glands are swollen, that there are many diseased axillary glands, that the breasts are large, that both are diseased, or, if only part of one, that it is the upper part.

By bearing these things in mind it is not difficult so to select cases as to reduce the risk of removal to a very low average, and there can be no difficulty in deciding in any case whether the risk is greater or less than the average.

When part of one breast only is affected, the rule generally followed is to remove the whole breast; and this rule is a good one if the breast is small. But when only a small portion of a large breast is affected, it is much less dangerous and equally effectual to remove the diseased part and some of the surrounding healthy tissue, than to remove the whole breast. There is good reason to believe that the disease is as long in returning when only the diseased part has been removed, as when the whole breast is removed.

When it has been decided to remove cancer, the question will arise, "Should it be removed by the knife, or by caustic?" And the answer must be framed again upon full consideration of all the circumstances of each case, but guided by the following general rules:—

1. There is no proof whatever that the return of cancer after removal by caustic is less rapid than after removal by the knife. On the contrary, it is probable that the return will be more rapid, (*a*) from the greater probability that some portion of the cancer will escape the action of the caustic than the dissection of a careful surgeon; (*b*) from the inflammation set up in the surrounding tissues and the irritation of neighbouring glands.

2. Admitting that the immediate risk to life from the removal by caustics may be less than after removal by the knife—in other words, that pyæmia and hemorrhage are less likely to occur—we have abundant proof that the risk is very considerable, and that the intense and long-continued suffering does in itself lead to exhaustion and death.

3. It is possible that the attempt to remove a cancer by caustics may fail altogether, that the irritation set up in the diseased growth and in the parts surrounding it, or the extension of the sloughing to vital parts in the neighbourhood, may destroy the patient before the cancer is destroyed.

These objections will generally lead the surgeon to advise the patient rather to submit to excision than to caustics. But in some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable, as they are also in cases where the growth is small, or of moderate size, and slow in its progress, while the unhealthy general condition of the patient would render the knife more than usually hazardous; for, as Mr. Paget has said, "the constitutional maladies that greatly increase the risk of cutting, do not, except very rarely, increase the risk of caustics." There are also some cases of open cancer in a very late stage of the disease, so adherent that the knife could not be safely used, where the diseased part may be completely destroyed by caustic, and a sound cicatrix may result. Sometimes it may be well to leave the choice to a patient, after representing to her fairly the

advantages of the two methods. Some may be guided by the dread of the knife, others more by the dread of pain, and it is right to allow these fears their full weight.

The cases decidedly unfit for caustics are those of acute or rapidly-growing cancer, or those of large size, and those where there is an œdematous, brawny, or tuberculated or ulcerated condition of the surrounding skin, and those where the supra-clavicular or axillary glands are enlarged and indurated. And most of the conditions which on general grounds forbid the use of the knife also forbid the use of caustic.

Supposing it to be decided to destroy a cancerous tumour by caustic, all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. This scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary if one or more pairs of galvanic plates are used as the caustic. If a piece of zinc be placed on any raw surface, and a piece of silver near it, a silver wire connecting the two, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a lady in 1854, with Dr. Lawrence, of Connaught-square, suffering from cancer of the breast, and we decided, on consultation, to adopt this method, which Dr. Lawrence carried out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

Occasionally it is advisable to apply the actual cautery instead of using caustic, and I have recently found the use of a small jet of lighted gas, by means of the instrument made by Mathieu for M. Nélaton, very efficacious. It is much more easily arranged than the galvanic cautery, is equally manageable, and has the great advantage of destroying parts without touching them; so that there is no fear of the eschar adhering to the metal, being removed as the metal is withdrawn, and bleeding thus being set up. In cancer of the upper jaw, or base of the skull, which project into the mouth, very great temporary relief is gained, even if only a partial destruction of the growth can be effected.

When removal cannot be recommended either by the knife or by caustics, it must be remembered that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths with all the characters of cancer have occasionally, although very rarely, disappeared under the influence of remedies. Other such growths have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local condition.—*Med. Times and Gaz.*, Feb. 11, 1865.

Clinical Lecture on Syphilitic Disease of the Rectum and Colon. By JAMES PAGET, Esq., Surgeon to St. Bartholomew's Hospital.

Mr. Paget began by remarking that a great advance in pathology had of late years been made by the recognition of an important fact respecting constitutional syphilis. It was long supposed that this disease was limited to the skin, the osseous system, and such parts of the body as could be examined during life; and that the internal organs remained unaffected. It had lately, however, been clearly established that the internal organs enjoyed no immunity, but that they were occasionally the seat of lesions as definite and characteristic as any that were found elsewhere. This inquiry was by no means exhausted; for although it could now be said with certainty that some affections which till recently were looked upon as anomalous, and as belonging to no particular order, were in reality syphilitic in their origin, yet a distinct and sufficient description of many of them was still wanting. A valuable paper[1] published by Dr. Wilks, on "Syphilitic Affections of Internal Organs," was by far the best that students could read on this subject.

Mr. Paget said the history of the patient upon whose case he was about to speak was briefly as follows: She was admitted into

[1] Guy's Hospital Reports, Third Series, vol. ix.

the hospital in November last, being at the time 28 years old. She stated that seven years previously she had been affected with syphilitic sores, shortly followed by a scaly cutaneous eruption. About a year subsequently she became subject to an itching about the anus, and a growth of skin appeared reaching a short distance into the rectum. Two years after this, a large ulcer formed in the neighbourhood of the anus, and she was received into University College Hospital. The ulcer was destroyed by the application of some corrosive fluid. The growth before mentioned was removed, and rectum bougies were passed for a stricture, which was already in process of formation. At the end of a fortnight, being much relieved, and her general health having much improved, she was made out-patient; but soon becoming pregnant, she ceased to attend. The child she afterwards gave birth to was born dead. Three years ago she was admitted into St. George's Hospital, having, in addition to the previous disease of the rectum, a recto-vaginal fistula. The sphincter ani was divided; bougies smeared with unguentum hydrargyri were frequently passed, and she was placed under the influence of mercury by means of the calomel-vapour-bath. Under this treatment she improved rapidly, and was soon discharged. About two years ago, having in the interval borne another child, she applied at King's College on account of a relapse into her previous condition, and having received relief from the same kind of treatment as that before employed, she soon left the hospital. In July last she became a second time in-patient at St George's Hospital. The canal of the rectum was now so much narrowed that only a catheter could be passed through the stricture; her general health, which up to this period had been tolerably good, was beginning to fail, and suffering from sickness and diarrhœa for some days, she lost flesh rapidly. After her discharge she remained for a few weeks at home with her friends, and then was brought to St. Bartholomew's.

At this time she was in a state of extreme emaciation and misery, and evidently suffering from pulmonary phthisis; so that any expectation of affording her permanent relief seemed hopeless. She continued to decline, and died on March 1st.

At the *post-mortem* examination the lungs presented the ordinary appearances of extensive ulceration around tuberculous deposits, numerous cavities existing in the upper lobes, but no syphilitic affection could be detected; the heart was normal; the liver was rather large, pale, and tough, but it gave no reaction with solution of iodine, and exhibited no specific ulceration; the spleen and kidneys were normal.

Mr. Paget continued: The chief points of interest are in the characters of the disease found in the rectum and colon, which may be studied as an example of syphilitic affection of those parts. The anus of this patient did not present more than remnants and traces of the cutaneous growths which are generally significant of syphilis. They had existed in her, but they were cut away. The like may be seen, however, in a patient in Magdalen Ward, who has disease of the rectum just like the one before us. They are growths of skin grouped round the anus, in texture pinkish, soft, fleshy, glistening, moist, and thinly secreting; in shape irregular, flattened as if by mutual pressure, or pressure between the nates, sharp-edged, or conical. If they must be compared with something, they may be with cocks' combs, which, indeed, they are very like. After describing the differences between these growths and the warts and condylomata common in syphilitic patients, Mr. Paget said: I will not venture to assert that these cutaneous growths are never found except with syphilitic disease of the rectum, but they are very common in association with it, and so rare without it that I have not yet seen a case in which they existed either alone or with any other disease than syphilis. In this rectum are found the results of wide-spread ulceration. Its whole mucous membrane is destroyed except one small patch, which is thickened and opaque. The exposed submucous surface has a tuberculated, undulating, uneven appearance, and is thickened by infiltration. In the early stages the tissue is soft, as if from recent inflammatory effusion, or œdema; but as the infiltration organizes it hardens, becoming callous, with fusion of the mucous and submucous coats, and then contracts, and thus brings about the state of stricture. The affection commonly extends from the anus, as if by continuity with the excrescence, to about five inches up the rectum; but it is rarely so marked in the first inch of the rectum as it is higher up. Hence the chief seat of the stricture is usually from an inch to an inch and a half above the anus. Of

this diseased state, as of the anal growths, I will not venture to say that it is never seen except with syphilis. Certainly it is a frequent disease among syphilitic women; but perhaps other forms of ulceration of the rectum may, by long continuance and repeated irritation, acquire characters not distinguishable from these. But the doubts that might exist as to the specific character of the disease of the rectum, if we had it alone to examine, can in this case be removed by observing the connection and continuity of the ulceration of the rectum with ulcers of the colon, which are altogether peculiar. On the mucous membrane of all parts of the colon there are ulcers of regular, round, or oval shape, from a sixth of an inch to about two-thirds of an inch in diameter, with clean, sharp-cut, scarcely thickened edges, surrounded by healthy, or only too vascular mucous membrane. Their bases are for the most part level, flat, or with low granulations resting on submucous tissue, nowhere penetrating to the muscular coat, with no marked subjacent thickening or hardening. On some of them are ramifying bloodvessels; on some few there is at the centre of the base a small island of mucous membrane, giving to the ulcer an evident likeness to the annular syphilitic ulcers of the skin. At some places two or more of these ulcers, extending and uniting, have coalesced into a large ulcer of irregular shape, and rather deeper than the smaller, but in all general characters similar to them. By such coalescence some of the ulcers in the lower part of the colon are continuous with the ulcerated surface of the rectum, making it probable that at first similar forms of ulcers may have existed in the rectum, though now superadded thickening and partial scarring have destroyed nearly all traces of any primary shapes of ulcer. The ulcers of the colon are placed without plan or grouping, except that they decrease in number and closeness, and, on the whole, in size also from the rectum to the cæcum. In the cæcum there are none; in the ileum only one, very small and of rather doubtful character. The only question as to the diagnosis of these ulcers may be whether they are syphilitic or tuberculous. They are so different from all the forms of catarrhal, follicular, typhoid, dysenteric, and cancerous ulceration of the intestine, that there is no need to compare them; but from the tuberculous they must be distinguished, not so much because of any near resemblance between them as because the patient had tuberculous disease of the lungs, and was therefore not unlikely to have it in the intestine. Here, then, are the chief grounds of diagnosis.

These ulcers are limited to the large intestine, and decrease in size and number from the rectum upwards, conditions which, I think, are never observed in tubercalous disease.

There is not a trace of tubercle—*i. e.*, of circumscribed crude or softening tuberculous deposit—in the submucous or any other tissue of the intestine; none in a Peyer's patch, or at the base or edge of any ulcer, or in the subperitoneal tissue below an ulcer.

The shape and other characters of the ulcers are quite unlike those of intestinal tuberculosis: they are regular, with sharp, even, well-defined edges, with level bases; they are not excavated; they do not extend through the submucous tissue; their edges are nowhere eroded or undermined, sinuous, thickened, or brawny, or infiltrated; the subjacent and intervening structures appear healthy, except at the rectum.

These ulcers are not grouped, and where, by extension and coalescence, they have lost their first shape, they have acquired one altogether irregular, and have in no instance even tended towards that girdle-like shape, encircling the canal of the intestine, which is so characteristic in the large coalesced tuberculous ulcers.

Thus, by negative as well as positive characters, these ulcers are clearly distinct from the tuberculous; and, as I have said, there is no other form of intestinal ulcer to which they bear even a remote resemblance. We are justified in regarding them as syphilitic by their occurrence in a patient with a complete syphilitic history; by their coincidence and continuity with a disease of the rectum and anus which is very rarely, if ever, seen except in those who have had secondary syphilis; by their likeness in many features to some of the admitted secondary syphilitic ulcers of the skin; and by their unlikeness to any other intestinal ulcers. Some, indeed, may choose to call them "lupous;" but to this name it would be necessary to add another to indicate the nature of the constitutional malady with which the "lupus" is connected, for lupus is not a single local disease depending on only one constitutional defect. It is in some

cases strumous; in some tuberculous; in some syphilitic; in some it has a relation to cancer. If the ulcers in this colon are to be called lupous, they must also be called syphilitic.

Mr. Paget concluded by enforcing the importance of the study of syphilitic affections of internal organs. A mistake or oversight in diagnosis would lead to very serious errors in practice. Nothing could be greater than the difference between the proper treatment of syphilis and that required in tuberculous disease. The treatment adopted in all doubtful cases would, of course, be regulated by the diagnosis.—*Med. Times and Gazette*, March 18, 1865.

HOSPITAL NOTES AND GLEANINGS.

Inflamed Serous Cysts in the Groin and Perineum simulating Strangulated Hernia.—February 21, 1863, at twelve o'clock at night, a boy, age 9, was admitted into Middlesex Hospital, under the care of Mr. Hulke. In his left inguinal canal was an elastic, oblong swelling that descended through the external ring, between the scrotum and thigh, into the perineum, as far as a line drawn between the ischial tuberosities, instead of taking the usual course of a rupture into the scrotum. The perineal end of the swelling was rounded and well-defined, while the upper end was obscure and lost at the external ring. The belly was tender. The groin and scrotum were red and œdematous, and the left side of the latter was distended with a solid swelling, evidently an inflamed testis, which was separated by a shallow vertical groove from the inguino-perineal tumour. He retched incessantly, and his bowels had not been open for three days. These symptoms were said to have begun suddenly, two days before, while he was in good health.

From its characters, its apparent escape from the belly through the internal ring, its situation in the inguinal canal, the constipation and retching, collectively, Mr. Hulke inferred that the tumour was probably an inflamed strangulated hernia, complicated with orchitis, the latter probably due to the persevering use of the taxis; but the unusual direction of the tumour after leaving the external ring, with the possibility that the retching was symptomatic of the orchitis, and the constipation accidental, occasioned him some doubts. The deviation of the supposed hernia into the perineum was the most suspicious point, since a rupture, at the boy's age, would almost certainly have been of the congenital variety, and its descent into the perineum would have been preceded by the misdirection of the testis to this region. An example of this had been seen by Mr. Hulke several years before, but in the present case the left testis was in its proper place, and the rupture was as plainly not in the tunica vaginalis.

The inflamed state of the parts precluding a further trial of the taxis, it was resolved to make an exploratory operation. An incision in the long axis of the inguinal swelling laid bare a thin membranous sac, deeply girt by the external ring. This was divided without relief. The sac was opened and about an ounce and a half of clear yellow serum ran from it. It was an oblong cavity about one and a half inches long, ending above in two short, blind diverticula at the internal ring, while below it communicated by a small aperture in the level of the middle of the scrotum with the perineal swelling. This was next laid open. It contained only serum and fibrinous clots, but a second deeper swelling was felt through its posterior wall. This was another cyst of less regular outline than the superficial one. Its only contents were an ounce of serum. It was now evident that the cysts were not a hernia. The boy was placed in bed and the wound poulticed.

The retching continued until six o'clock P. M. on the 22d. His pulse was 128, and the perineum much inflamed. The belly was soft and painless. Constipation persisting, an enema was given, but it was soon expelled without feces. Next day the inflammatory swelling was greater, and his pulse had risen to 140. In the evening three grains of calomel were ordered, and on the following morning he passed three very copious stools. From this time the orchitis subsided. A small superficial abscess burst through the front of the scrotum. The cysts suppurated and were obliterated, and the wound healed soundly. At the patient's last visit, May 18, the only trace was a hard cord running from the back of testes to the groin and perineum. The connection of the scar with the lower part of the spermatic cord makes it not improbable that the cysts originated in some of its structures, perhaps in an unobliterated portion of the vaginal process, and were really encysted hydro

celes of the cord. Orchitis occurring, inflammation extended to them from the testes, and the scrotum being distended, the rapidly-enlarging hydroceles took the direction of least resistance towards the groin and perineum.—*Med. Times and Gaz.*, March 11, 1865.

Effects of Working in Phosphorus.—Jas. D., aged 34, a worker in phosphorus, applied at St. George's Hospital, owing to bleeding from the gums, redness and soreness of the lining of the cheeks, the mouth feeling as if "all on fire," and irritated by the air breathed. In many parts patches of the mucous membrane were quite destroyed. He complained, also, of being heavy and dull, and inclined to sleep. The pupils were equal, but dilated. He generally worked with "white" phosphorus, and had been doing so for two years; latterly, he had worked in black phosphorus, which evaporates more than the other, and also at times had to work in arsenic and mercury. He stated that on previous occasions the mouth had been tender. He had lost flesh of late. No symptoms of other disease were discovered. He was ordered quinine and steel, with nitric acid, three times a day, and a lotion for the inside of the mouth of tannic acid, spirits of wine, and the compound decoction, with the tincture of bark. He gradually improved, remaining absent from the workshop and continued his medicines for a month, when he discontinued attendance, as being well.—*Med. Times and Gaz.*, March, 11, 1865.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The Sixteenth Annual Session will be held in the City of Boston on Tuesday, June 6th, 1865. The following Committees are expected to report:—

On Insanity, Dr. H. R. Storer, Mass., Chairman.

On Exsection and its Connection with Conservative Surgery, Dr. Lewis A. Sayre, New York, Chairman.

On Drainage and Sewerage of Large Cities and their Influence on Public Health, Dr. W. J. C. Duhamel, D. C., Chairman.

On Alcohol and its Relations to Man, Dr. G. E. Morgan, Maryland, Chairman.

On Quarantine, Dr. Wilson Jewell, Pennsylvania, Chairman.

On Medical Ethics, Dr. John A. Murphy, Ohio, Chairman.

On the Microscope, Dr. James M. Corse, Pennsylvania, Chairman.

On the Relations which Electricity Sustains to the Causes of Disease, Dr. Squire Littell, Pennsylvania, Chairman.

On the Morbid and Therapeutic Effects of Mental and Moral Influences, Dr. A. B. Palmer, Michigan, Chairman.

On the Causes of the Extinction of the Aboriginal Races of America, Dr. George Suckley, New York, Chairman.

On the Causes and Treatment of Ununited Fractures, Dr. Frank H. Hamilton, New York, Chairman.

On Diphtheria, Dr. Lucius Clarke, Illinois, Chairman.

On the Uses and Abuses of Pessaries, Dr. Jas. P. White, New York, Chairman.

On International Medical Ethics, Dr. J. Baxter Upham, Massachusetts, Chairman.

On Climatology and Epidemic Diseases, Dr. C. W. Parsons, Rhode Island, Chairman.

On Autopsies in Relation to Medical Jurisprudence, Dr. T. C. Finnell, New York, Chairman.

On so-called Spotted Fever, Dr. Jas. J. Levick, Philadelphia, Chairman.

On the Introduction of Disease by Commerce and the Means for its Prevention, Dr. A. Nelson Bell, New York, Chairman.

On Patent Rights and Medical Men, Dr. David Prince, Illinois, Chairman.

On Prize Essays, Dr. D. H. Storer, Massachusetts, Chairman.

On Medical Education, Dr. T. Antisell, D. C., Chairman.

On Medical Literature, Dr. Charles A. Lee, New York, Chairman.

On Necrology, Dr. C. C. Cox, Maryland, Chairman.

On Compulsory Vaccination, Dr. A. N. Bell, New York, Chairman.

On Ligature of the Subclavian Artery, Dr. Willard Parker, New York, Chairman.

On Revision of Plan of Organization, Dr. N. S. Davis, Illinois, Chairman.

On Specialists, Dr. J. Homberger, New York, Chairman.

On Medical Corps of Navy, Dr. T. L. Smith, New York, Chairman.

On Medical Corps of Army, Dr. Chas. S. Tripler, U. S. Army. Chairman.

WILLIAM B. ATKINSON,
Permanent Secretary.

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College of Physicians and Surgeons, New York.—At the annual commencement held on the 9th of March, the degree of M. D. was conferred on seventy-eight candidates.

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Massachusetts Medical College (Boston).—At the annual commencement held on the 8th of March, the degree of M. D. was conferred on forty-two candidates.

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Buffalo Medical College.—At the annual commencement held on the 21st of February, 1865, the degree of M. D. was conferred on fifty candidates.

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Charity Hospital Medical College of Cleveland, Ohio.—The number of students in this institution at the session of 1864-65 was seventy-four, and at its close the degree of M. D. was conferred on thirty-eight candidates.

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The New York Journal of Medicine.—This is the title of a new candidate for professional favour, the first number of which appeared last month, and which is to be published monthly at five dollars a year. The name of the Editor is not given; the publishers are Miller and Mathews. New York should have a medical journal; the talent and materials for maintaining one there are ample, and we trust this will receive the support it may deserve.

FOREIGN INTELLIGENCE.

Bromide of Ammonium in Pertussis.—Dr. KUCHENMEISTER states that additional experience confirms the favourable opinion he formerly expressed concerning the value of this medicine. He gives of a concentrated solution of the bromide from five to fifteen drops three times daily, according to the age of the child, proceeding to the larger quantity named only gradually.—*Med. Times and Gaz.*, April 8, 1865, from *Zeitschrift für Medicin*, 1864, p. 410.

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Thoracentesis in a Child.—M. ROGER relates at some length the details of a case of purulent pleurisy occurring in a child 8½ years old, the treatment of which occupied nearly six months, during which the operation of thoracentesis was performed five times. Iodine injections were resorted to, and a canula was left within the wound to facilitate the discharge of the pus. From this case he derives the following considerations:—1. The importance and at the same time the difficulty in coming to a quick decision with regard to this operation in certain urgent and complicated cases of purulent pleurisy. (In this case it was complicated with broncho pneumonia of the opposite side.) 2. The advantage of making in children the puncture without preliminary incision of the walls of the thorax. 3. The necessity which almost always exists in empyema of repeating the operation several times. 4. The difficulty which exists, do what we will, in preventing the admission of air into the pleura. 5. The frequent innocuity of the presence of this air. 6. The manifestation as a consequence of its introduction of stethoscopic phenomena not always of easy interpretation, and which may be mistaken for perforation of the lung with consecutive hydro-pneumothorax. The readiness with which lateral deformity of the spine, with concavity on the bad side occurs, and the rectification of this deformity, which takes place sometimes rapidly after recovery.—*Med. Times and Gaz.*, April 8, 1865, from *L'Union Méd.*, No. 82.

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Treatment of Itch.—To the thousand remedies for the treatment of itch, each said to be more valuable than its predecessor, M. Metzel, of the Austrian army, adds another, which, he says, possesses the advantage, while it cures the affection as rapidly as any known means, never to induce consecutive eczema, which so often retards the cure. He terms his remedy phosphorized olive oil, and prepares it by boiling in a bottle closed by a bladder two drachms of phosphorus with a pound of olive oil. This is then allowed to cool, and the oil is decanted from any of the phosphorus which remains undissolved, great care being needed to prevent any of the undissolved phosphorus accompanying the oil, as it would irritate the skin.—*Med. Times and Gaz.*, March 18, 1865.

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Russian Pestilence.—Much excitement has been produced abroad, especially in

England, in relation to the outbreak and spread of a deadly pestilence in Russia. One account, it is stated in the *Lancet* (April 8, 1865), speaks of the malady as having originally appeared beyond the Ural Mountains, extended gradually through Central Russia, attacked St. Petersburg, causing a panic in that city, and, going southward, appeared in Prussia. Another account states that an outbreak of pestilential fever, termed the "Siberian pestilence," has occurred at Chanow, within the Waldej circle. This outbreak, it is said, has caused great alarm in St. Petersburg on account of its excessive fatality, and from a fear of its extension. Several medical men sent to the infected district to aid in repressing the disease have sickened from it and died. A third account denies altogether the appearance of the disease in St. Petersburg. Again, one account states that the disease is a pestilential fever; another speaks of it as "plague;" a third describes it as an anomalous cerebral affection; and a fourth avers that it is Asiatic cholera.

From the minute and excellent report of Dr. TILLNER, physician to the Grand Duchess Maria of Russia, it is highly probable, as remarked in the *Medical Times and Gazette* (April 18), "that this disease is a modified form of the famine fever, which, according to Dr. Murchison, first appeared in Ireland in 1739, and which has since visited the British Isles again and again, having been especially fatal in Scotland and Ireland.

"The symptoms of relapsing fever and of the Russian disease described by Dr. Tillner closely correspond. The access of each commences with shivering, followed by increased heat and sweating. The pulse in relapsing fever beats from 120 to 150, being often as high as 140 on the second day. In the Russian disease it is usually 130. The temperature is elevated to 104° F. in the Russian fever, and in relapsing fever varies from 102° to 107° F. In the Russian plague the skin is yellow; in famine fever 'there is never any characteristic eruption, but a large proportion of cases are jaundiced.' There is a marked crisis in both diseases on the seventh day, followed by an interval of almost perfect health—languor being the only symptom complained of. The amelioration in both cases is ushered in by profuse perspiration, and seven days later a second relapse occurs, followed by an interval as before. The mind is generally unaffected in each disease. The rate of mortality in the Russian disease is, according to Dr. Tillner, 8 per cent.; in relapsing fever from 2 to 4 per cent., according to Dr. Murchison. Death in relapsing fever sometimes occurs by sudden and profound collapse, the face and extremities becoming livid. 'Sometimes a fatal termination occurs in this way a few hours after there had been any evidence of danger.' Hence, perhaps, the supposed resemblance of the Russian fever to cholera. At other times death occurs by coma and convulsions. Death in the Russian fever occurs by great prostration and a kind of general paralysis. Moreover, the causes which produce relapsing fever have been at work in St. Petersburg, and have also modified the disease. According to Dr. Tillner there is an excess in the capital of 43,000 workmen above the usual number, and these have been obliged to forego animal food and live almost entirely on black bread containing 1 per cent. of ergot of rye, and to live in unhealthy localities. Poisoning by ergot has thus been, no doubt, superadded to fever caused by famine, overcrowding, and destitution."

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Injurious Influences of Tobacco.—That most hopeless of all associations, the "British Anti-Tobacco Society," has just met with unexpected co-operation on the other side of the channel, in the shape of a learned academician. M. Jolly places before the Academy of Medicine a sombre picture of the mischief alleged to be due to smoking, and although it is hinted that he will never have the courage to demand a vote upon his propositions in an assemblage of which, grave as it is, the majority consists of confirmed smokers, his paper contains facts which it is desirable to notice, although the affiliation of these with the consumption of tobacco may not always have been rigorously made out.

Smoking has well nigh superseded the more innocent, if more disgusting, practice of snuff-taking in France as well as in our own country, and the immense progress that it has there made of late years may be judged of by the revenue returns. In 1832 the tobacco impost only yielded 28,000,000 francs—having continued at much the same amount since 1792—two-thirds of these arising from snuff-taking and one-third from

smoking. In 1842 the amount rose to 80,000,000, in 1852 to 120,000,000, and in 1863 to 216,000,000—the amount derived from snuff remaining all this time well nigh stationary, and that from smoking tobacco thus rapidly increasing. In all those departments also in which the consumption of tobacco per head is greatest, the proportion used for smoking very far exceeds that employed for snuff-taking. The quantities consumed in the different departments vary from 1795 grammes per head in the Nord to 102 grammes per head in Charente. Taking the mean of the maxima and minima, comprising provinces in which very little smoking occurs, as Bretagne and Limousin, the probable calculation is that 8 kilogrammes (16 lbs.) of tobacco are annually consumed by each smoker, which is equivalent to 50 to 60 grammes of nicotine per head, *i. e.*, more than sufficient to kill a squadron of cavalry. Of course, confirmed smokers far surpass this modicum.

Official statistics show that in exact relation with this increased consumption of tobacco is the increase of diseases of the nervous centres (insanity, general paralysis, paraplegia, ramollissement), and certain cancerous affections. And it may be asked what else could be expected from the use of a substance so eminently poisonous that in its concentrated form it is only equalled in power by curare and prussic acid, while even in its ordinary condition its effects have been found so redoubtable as to have led almost to its discontinuance as a therapeutical agent. It is to be observed, however, that all the varieties of this plant are not endowed with an equal degree of activity, this depending upon the greater or less proportion of nicotine which they contain. The most recent analyses show us that this proportion may vary much; as, for example, from 2 per cent. in Arabic, Brazilian, and Havana tobacco, to 2.29 in Maryland, 3.21 in Alsace, 6.9 in Kentucky, 6.58 in Du Nord, 6.87 in Virginia, and 7.35 in Du Lot tobaccos. If Orientals, Turks, Greeks, Brazilians, and Hungarians smoke to an excessive extent with almost impunity, this arises from the fact that the indigenous tobacco which they employ contains very slight proportions of nicotine, and sometimes none at all; while other nations, as the English, Swiss, French, Swedes, etc., suffer much more severely from the tobacco they make use of. It is a remarkable fact that up to the present time no case of general or progressive paralysis has been discovered in any of the numerous localities of the East, where tobacco of so eminently mild a character, or some succedaneum, is employed. M. Moreau, in a careful investigation which he has made in the hospitals of Constantinople, Smyrna, Malta, and all the Mediterranean islands, has not been able to detect a single case of this kind. "The cause is plain enough, and eminently physiological. In all the regions of the Levant they do not intoxicate themselves with nicotine or alcohol, or the ambition of fortune or glory, but saturate themselves with opium and perfumes, sleeping away their time in torpor, indolence, and sensuality. They narcotise, but do not nicotinize themselves; and if opium, as has been said, is the poison of the intellect in the East, tobacco may one day prove in the West the poison of life itself."

Another unfortunate circumstance in the history of tobacco has been the displacement of the pipe by cigars, which is almost universally the case on the Continent. The juices of the tobacco, as well as the smoke itself, are thus swallowed and introduced into the system, while to the general effects we have added those due to local irritation. The gums and lips become red and tumefied, and the teeth suffer much from caries; but the most important circumstance is the frequency with which cancer of the lips occurs among smokers, and especially on the side of the lip on which the cigar or pipe is held. From this form of cancer women are almost entirely exempt. The predominance of cancer observed in women for almost all the organs ceases, too, with respect to the stomach, which is found to be more frequent in men in the proportion of 53 per cent. The danger from chewing tobacco in this relation is very great, especially as tobacco containing 6 per cent. of nicotine is usually employed, and that fasting. Organic affections of the stomach are of great frequency among sailors who indulge in this habit.

That an atmosphere charged with the products of smoking is to a degree poisonous is proved not only by the effects which it produces on those uninured to it, but also by the detection, by M. Melsens, upon the average, of a proportion of $\frac{7}{10}$ per cent. of nicotine held in suspension by the tobacco smoke. The mischievousness of such an atmosphere is further seen in the poisonous

effects exerted upon the greater portion of the workpeople employed in tobacco manufacture, as evidenced by cephalalgia, loss of appetite, colic, vomiting, etc. Plants exposed to such an atmosphere soon become sickly and die, as, indeed, do birds; and although habit obtains for the workpeople an exemption from some of the evils they first suffered from, their cachectic appearance, disordered digestion, and the signs of premature old age too plainly indicate the character of their employment.

Passing over M. Jolly's general picture of the effects of tobacco upon the confirmed smoker, which has already been often drawn, we may again advert to its assumed effect in augmenting the number of mental diseases. It is especially general or progressive paralysis—a disease scarcely met with thirty years ago—which seems to be making such rapid advance under, as is supposed, the increased abuse of alcohol and tobacco. That insanity and affections of the nervous centres have enormously increased in France there can be no doubt, and this increase is found to be in men almost entirely made up of cases of progressive paralysis (now forming more than 60 per cent. of the total cases); and whenever in the asylums the history of such cases has been investigated, their dependence on the abuse of tobacco has been rendered obvious. In contrast with this is the rarity with which this form of the disease is met with in female lunatics. Among these paralytic lunatics, soldiers and sailors, who so much abuse tobacco, are found occupying the first rank. M. Jolly's investigations have induced him to come to the conclusion that this abuse of tobacco is far more operative in the induction of this paralysis than is the abuse of alcohol or absinthe which so often coexists. Among other facts tending to prove this, he adduces this one: In certain provinces of France—as Saintagne, Limousin, Bretagne, etc.—in which there is but little smoking, and an enormous consumption of brandy, progressive paralysis is well nigh unknown.

Finally, M. Jolly draws attention to the diminution in the population of France, especially of men from thirty to fifty years of age and upwards, as compared with women of the same ages. At these ages, too, diseases of the nervous centres form a far more common cause of death among men than women. As remedies for the evils he has depicted so strongly, M. Jolly suggests that the importation and consumption of the more innocent forms of tobacco should be encouraged, liberating the French soil from the cultivation of its poisonous tobacco in order to devote it to more useful productions. If this be impracticable, the aid of the chemist should be called in to free the indigenous tobacco of its excessive proportions of nicotine, replacing this poisonous principle with a variety of perfuming agents, which would render smoking not only less pernicious, but more agreeable. Lastly, let the public be well instructed as to the relative value of the different sorts of tobacco.

M. Bertillon, in the *Union Médicale*, March 9, supplies some interesting facts in relation to the effects of tobacco on the mental powers, derived from an investigation made at the Polytechnic School in 1855-56. He investigated in 160 of the pupils who had undergone their examination, what influence the fact of their having been smokers had upon the results. As large a proportion as 102 of these pupils were smokers. It was found that in the classification by merit which followed the examinations that, while in the highest series a third or fourth of the pupils were smokers, in the lower series three-fourths and in the lowest series four-fifths were smokers. Again, while among 66 confirmed smokers their mean rank of 94.5 on their entrance into the school had sunk to 98.3, in the case of the 60 pupils who were not smokers their rank of 71 on entrance (already 23 ahead of the smokers) rose to 67.7—being, as the result of nine months' work in common, 30 in advance of the smokers. This result of the inquiry as regards these limited numbers was conformable to the prior experience of the school.—*Med. Times and Gaz.*, March 18, 1865.

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Respiration of Plants.—The researches of M. A. Cahours have led him to the following conclusions: 1. All flowers left in a limited atmosphere of normal air consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not. 2. The circumstances under which the phenomenon takes place being identical, the proportion of carbonic acid increases as the temperature is raised. 3. Generally, with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed

is exposed to the light than when it is in darkness; but the proportion is, nevertheless, sometimes the same under either condition. 4. When the normal air is replaced by pure oxygen the differences become much more marked. 5. Buds produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds. 6. Flowers left in inert gas disengage small quantities of carbonic acid. 7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen and produce the largest proportion of carbonic acid — *Brit. Med. Journ.*, Jan. 7, 1865, from *Comptes Rendus*.

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The Position of the Medical Officer considered as a Non-combatant.—M. CHENU, in a most elaborate report on the Medico-chirurgical service of the Crimean war, recently published, makes the following just remarks on this subject:—

"What is the position of the military medical officer? He is looked down upon by the soldier because he is a non-combatant, and yet his true value is only comprehended on the field of battle, in the ambulance, and surrounded by contagion in the Hospital. In the hour of danger he is, indeed, well spoken of. 'The surgeon who succumbs in the performance of his holy duty,' says the *Moniteur de l'Armée*, 'deserves as well of the army of his country and of his sovereign as does the soldier who falls in battle.' But danger once passed, these benevolent reflections are soon forgotten; and yet in what does he differ from the combatant officer? He marches with his regiment or his ambulance to the field of battle, and he is in no wise secured from wounds or even death, his sole distinction there being that he cannot return the blows he receives, since his special functions compel his attention to the wounded who are falling around him. But does he contribute less to the general end all have in view? In the Hospital his position is still more perilous, and there the danger to which he is incessantly exposed has no brilliancy wherewith to stimulate his courage. His energy is expended in obscure struggles, and he is not supported, excited, or intoxicated, either with the ardour of the combat, the incense of the powder, or the exhilarating sound of the trumpet. The enemy which surrounds him is invisible, and he has no means of defence, and is more and more exposed to attacks every day. In the midst of an infected Hospital he must brave the danger of contagion in order to fulfil a sacred duty, and he must regard the prospect of death itself with calmness in order to retain his medical lucidity. It is a dangerous field of battle upon which he falls defenceless succumbing bravely and humbly amidst those whom he has sought to save."

These words are amply justified by the figures which follow. 1. In an effective force of 5852 officers of all grades, there were killed or died from their wounds 779, or 17 per cent. 2. Of officers of all grades in the entire army, comprising intendants, almoners, and various administrators, there died of various diseases 402, or 7.30 per cent. 3. Of an effective mean of 450 medical officers, 82, or 18.22 per cent., died of various diseases. 4. Of officers of all grades there died of typhus 26, or 0.17 per cent. 5. Of army medical officers there died of typhus 58, or 12 88 per cent.

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Hydrostatic Mattress.—M. COSMAO-DUMENEZ, in a recent communication to the *Gazette Médicale*, gives an account of the great advantages derived by M. Demarquay from the employment of the hydrostatic mattress during the last five years. It is made of vulcanized caoutchouc by Galante, of Paris, and measures 80 centimetres in length by 70 broad, and when suitably distended with from 26 to 29 litres of water, it is about 1 decimetre in thickness. Its weight does not exceed from 28 to 30 kilogrammes. This is a far more convenient, effectual, and economical apparatus than Arnott's bed, which by reason of the rigidity of its parietes prevents any lateral displacement of the water, and the patient becomes buried in a hole, formed by the elevation of the water on each side of him. In the mattress, all its walls are elastic, and the water displaced by the weight of the body, instead of being only directed towards the upper part of the apparatus, is uniformly dispersed in every direction. The Arnott's bed, too, is large, cumbersome, and expensive, requiring a great quantity of water, and only moved with difficulty. The mattress has been employed with eminent success in the treatment of bed sores, and in fractures of the cervix femoris and pelvis, and it would form an admirable means for the transport of

the wounded, either in a railway or ordinary carriage. The water, too, with which it is filled may become a convenient means of applying either caloric or cold, as the case requires. Thus, in the aged or debilitated, and in children of weakly powers, warmth may be thus readily applied and long retained, while in inflammatory affections the temperature may be easily lowered. A few minutes suffice to discharge and replace the water.—*Med. Times and Gaz.*, April 1, 1865.

A Victim to Quack Advertisements — Another suicide has occurred among the victims of the quacks, whose obscene and vile advertisements still pollute the pages of some metropolitan, and many country papers. The circumstances are of the type now commonly known. The unhappy man was a corporal in the Guards, and was not really labouring under any disease, but had been deluded into the belief that he was in a desperate state by reading those abominable and lying pamphlets which some newspaper proprietors still consent to be paid for advertising, and so spreading over the country. The evidence showed that at Christmas he wrote to Messrs. Smith & Co., of Burton-crescent or of Tavistock-square, witness did not know which, and received from them a book called the "Warning Voice," of which he read the 3d and 4th chapters. He paid £1 5*s.* for medicine, which he took three times a day. He afterwards became greatly depressed. Witness had often seen him look in a glass, gnash his teeth, stamp his feet, and say, "I feel I am a ruined man for life." He also asked, "What is the quickest death to die?" Witness tried to cheer him up, going with him to various places; and he (witness) was firmly of opinion that the letters he received from Burton-crescent, and his reading of the book referred to, had excited his mind and caused him to commit suicide. Up to that time, deceased had always been a lively, jovial man among his comrades. The occurrence here and there of a suicide such as this leaves only to be distantly guessed at the wide-spread misery, the distress of mind, the moral injury, and the physical suffering due to the system carried on by such men as these. We hope that the recurrence of these striking proofs of the urgency of the appeal which we have made to the conscience of newspaper proprietors throughout the kingdom, will secure final and unanimous adoption of the resolution no longer to soil their pages with the announcements accessory to a traffic of which the profits have been justly denounced as more infamous than those of the slave-trade. We feel assured that public opinion will everywhere condemn newspapers so defiled.—*Lancet*, March 25, 1865.

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Fossil Remains of the Elephant of Malta. —The explorations of Dr. Adams among the cave deposits and alluvial soil of these islands have been lately crowned with such signal success that we think the public would be glad to be made acquainted with the leading facts. It will be remembered that Captain Spratt, the indefatigable and learned hydrographer of the Mediterranean, was the first to bring to light the remains of the remarkable fossil elephant of Malta (*elephas melitensis*) by his explorations in the Zebbug Cave, in 1859. Since that time Dr. Adams has been unremitting in his exertions to discover more traces of this extinct species, and has been fortunate enough to find them in many new localities in Malta. He has just met with its teeth in great quantities in a cavern near Crendi. In another gap, evidently at one time the bed of a torrent, he has found the teeth and bones of thirty more individuals. These skeletons of old and young elephants are met with jammed between large blocks of stone in a way that clearly shows that the carcases must have been hurled into their present situation by violent floods or freshes. He has now brought together almost the complete skeleton of this wonderful little representative of an order of quadrupeds, to which we had, until the fossil Maltese elephant appeared, applied the word gigantic. There can be no doubt, however, that it scarcely exceeded a small pony in height. We hope that Dr. Adams will give a detailed account of his highly interesting discoveries to the scientific world. —*Malta Times*, March 16, 1865.

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Bulletin de Thérapeutique.—This bi-monthly medical journal, established in 1831 by M. Miquel, who, after being attacked with a fatal disease, gave over its management to M. Debout, has again changed hands in consequence of the death of the last named gentleman. Its present editor is M. Brichelkau.

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The following condensed summary of the contents will show the plan of the work, and the completeness with which all portions of its subjects have been treated.

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